June 2010 Monthly Update Form

Data reporting range: 2/18/2009 to 6/30/2010 11:59:59 PM

Agency/Institution: Medicaid

Date of Submission: 07/09/2010

| Grant Name | Alabama Health Information Exchange |
|--|-------------------------------------|
| Award Number | 90HT/0002/01 |
| Sub-Award Number | |
| Section 1512 Reporting? | Yes |
| CFDA Number | 93.719 |
| Grant Description | Alabama Health Information Exchange |
| Application Status | Approved |
| Recipient Type | Prime Recipient |
| Prime Recipient | |
| Delegated/Non-delegated | Please Select: |
| Application Date | 10/16/2009 |
| Award Date | 02/08/2010 |
| Expenditures Status | N/A |
| Deadline for Grant Expenditures | 02/07/2014 |
| Quarterly Jobs Created/Retained* | 0 |
| Types of Actual Jobs Created/Retained | None |
| ARRA Funds Awarded** | 10,564,789.00 |
| ARRA Funds Received/Invoiced*** | 0.00 |
| ARRA Funds Expended**** | 0.00 |
| Performance Metric 1 (if applicable) | |
| Performance Metric 1 Tracked | Please Select: |
| Performance Metric 1 Results | |
| Performance Metric 1 Last Reported | 1/1/1900 12:00:00 AM |
| Performance Metric 2 (if applicable) | |
| Performance Metric 2 Tracked | Please Select: |
| Performance Metric 2 Results | |
| Performance Metric 2 Last Reported | 1/1/1900 12:00:00 AM |

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| Performance Metric 3 (if applicable) | | |
|--|---|--|
| Performance Metric 3 Tracked | Please Select: | |
| Performance Metric 3 Results | | |
| Performance Metric 3 Last Reported | 1/1/1900 12:00:00 AM | |
| Program/Grant Administration | The money will support the creation of a statewide health information exchange. The program is being administered through the Alabama Medicaid Agency under the direction of the HIE Advisory Commission. It has not yet been determined how funds will be distributed. | |
| Sub-grantee Application Deadline | | |
| Sub-grantee Selection Criteria | | |
| Number of sub-grantees / sub- recipients | | |
| Other Information | | |
| Agency Information Verified by | Robert D. Church, Jr. | |
| Phone | 334-353-3310 | |
| *Quarterly Jobs Created/Retained: The tot reported to the respective Federal agency in | tal amount of jobs created/retained for the most recently reported quarter. This number should match the number of jobs in the last quarterly reporting period. | |
| **Amount Awarded: The total amount of ARRA funds that an agency/institution is expecting to receive over the life of the grant/program. | | |
| ***Amount Received/Invoiced: The amount of Recovery Act funds received through draw-down, reimbursement or invoice. | | |
| ****Amount Expended: The total amount of ARRA funds spent on ARRA projects to date. This could include amounts that have been reimbursed to a sub-recipient. | | |

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| Internal Section 1512 ARRA Reporting Form | | |
|--|--|--|
| 1) If your agency serves as a prime recipient, has your agency registered in the Central Contractor Registration (CCR) database and further acquired a D-U-N-S number? Registration with www.FederalReporting.gov will require this information. | Yes | |
| D-U-N-S Number | 001904635 | |
| 2) Has your agency registered on www.FederalReporting.gov? | Yes | |
| 3) Which format will your agency/institution use to submit reports to www.FederalReporting.gov ? | Online data entry form provided on the website | |
| Format Comments | | |
| 4) Who will be your agency's reporting official designated to enter information to www.FederalReporting.gov ? | Kim Bath | |
| If you have multiple designated officials, how will you eliminate multiple reporting for the same Grant/Program? | | |
| 5) Who will be your agency's data quality review official designated to review the data submitted by your agency? This designee will be required to review information submitted by delegated Sub-recipients. | Kim B. Davis-Allen | |
| Data Quality Review Official's Phone | 334-242-5011 | |
| 6) Who will be your agency's data corrections official responsible for making corrections to submitted information during the Data Quality Review Phase? (Data Quality Review phase for agencies will be from the 11th to the 21st day after the end of each quarter. Only errors flagged by federal agencies will be unlocked for corrections from the 22nd to the 29th day). | Kim Bath | |
| Data Correction Official's Phone | 334-242-2292 | |
| 7) How will you capture your Sub- recipient or Vendor data elements that will be reported to your agency? | Not determined | |

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| 8) Will any sub-grant under this Grant/Program be for an amount less than \$25,000 which would require aggregate reporting? | N/A |
|---|---|
| Do you have a reporting mechanism in place for aggregate reporting? | Not determined |
| More information regarding aggregate reporting | |
| 9) Have you or do you plan to delegate any reporting requirements to a Subrecipient? | N/A |
| More information regarding Sub- recipient delegation | Not determined |
| 10) What agencies/institutions will serve as delegated Sub-recipients? | N/A |
| What format will your delegated Sub- recipients submit reports to www.FederalReporting.gov? | N/A |
| More information regarding delegated Sub-recipients | |
| 11)Name(s) of the delegated Sub- recipients' reporting officials | N/A |
| Phone number(s) of delegated Sub- recipients' reporting officials | |
| 12) Name(s) of the delegated Sub- recipients' data quality review officials | N/A |
| Phone number(s) of the delegated Sub- recipients' data quality review officials | |
| 13) Have your agency's delegated Sub- recipients registered at www.FederalReporting.gov? | N/A |
| 14) After corrected information is posted to www.FederalReporting.gov by the federal agency, how will your agency ensure the timely update of its own recovery page? | Corrected information will be sent for updating after resubmission. |